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UTILITY PATENT APPLICATION TRANSMITTAL <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	END 5209
		First Inventor: Christopher J. Hess et al. Title: ENDOSCOPIC MUCOSAL RESECTION DEVICE WITH OVERTUBE AND METHOD OF USE	
		I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail – Post Office to Addressee in an envelope addressed to: Commissioner for Patents, MS Patent Application, PO Box 1450, Alexandria, VA 22313	
		Name: <u>Linda F. Hansen</u> Linda F. Hansen	Date: September <u>29</u> , 2003
		Express Mail Label No.	ER 554 935 985 US
APPLICATION ELEMENTS <i>See MPEP Chapter 600 concerning utility patent application contents.</i>		ADDRESSED TO: Commissioner For Patents MS Patent Application PO Box 1450 Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 25] <i>(Preferred arrangement set forth below)</i></p> <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 7]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3]</p> <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. <input type="checkbox"/> Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statement verifying identity of above copies <p style="text-align: center;">ACCOMPANYING APPLICATION PARTS</p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Application Cover Sheet w/Express Mail Certification</p>	
<p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: _____, filed _____.</p> <p>Prior application information: Examiner _____ Group Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>		<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: right top;">The PTO did not receive the following listed item(s): <u>Recordation cover sheet</u></div>	
<p>19. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input checked="" type="checkbox"/> Correspondence Address below</p> <p>Name: Philip S. Johnson, Esq. Address: Johnson & Johnson, One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA</p>			
<p>20. TELEPHONE CONTACT: Gerry S. Gressel Please direct all telephone calls or faxes to: Telephone: (513) 337-3535 Fax: (513) 337-8489</p>			
<p>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</p>			
NAME	Gerry S. Gressel		
SIGNATURE	<u>Gerry S. Gressel</u> 9/29/03		
	Reg. No. 34,342 Date: September <u>29</u> , 2003		

18351 U.S. PTO
09/29/03

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	September 29, 2003
	First Named Inventor	Rudolph Nobis et al.
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	END-5209

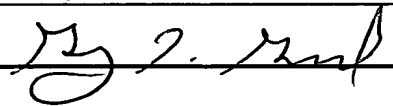
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)		(3)	(4)	(5)
FOR:	NUMBER	FILED	NUMBER EXTRA	RATE	BASIC FEE
					\$ 750.00
TOTAL CLAIMS	14	=	0	x 18.00	\$ 00.00
INDEPENDENT CLAIMS	3	=	0	x 84.00	\$ 00.00
MULTIPLE DEPENDENT CLAIMS	0	- =	N/A	X 280.00	
				TOTAL FEES	\$750.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750END-5209/GSG in the amount of \$750.00.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750END-5209/GSG .

SUBMITTED BY:			<i>Complete (if applicable)</i>
Typed or Printed Name	Gerry S. Gressel		Reg. No. 34,342
Signature		Date: September , 2003	Deposit Account No. 10-0750